FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethles and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees ETHICS AND for state office must be filed electronically and effective January 1, 2012, all SN DISCLUSURE BU statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State All | 9 PM |: 1,1,1

	Account the contract of the co	4	
COMMITTEE NAME (Must be same as on State	ment of Organization)		
Crain Merrill f	ior Supervisor		ORM
IMPORTANT: Indicate by # type of committee you are	reporting for: 5	The second second	DR-2 DISCLOSURE REPORT
(1) Statewide/Legislative/Judge Standing for Retention	n Candidate (2)State PAC (3)State Party (6)City Candidate (7)School Board or Other Political		
Subdivision Candidate (8) County PAC (9) City PAC	(10)School Board or Other Political Subdivision PAC ((Office Use Only
11) Local Bellot Issue			
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)		ged In
Cruic Merrill	Republican	100,000	mputer
Office Sought .	District (if Senate or House)		dited
Office Sought Supervisor			
ate reports are subject to possible civil and criminal	penalties. Pursuant to lowa Code sections 68B.32A(7) other type of committee, is the individual responsible to	and 68A or filing tin	.401(3), the candidate, for a nely and accurate reports.
0 .	712-298-0312		
Craig Merriel	712-852-9084		Jan 19 2015
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
	REPORT FOR (1) ELECTION /(1)		LECTION YEAR
(report date)	Indicate by #		8
CHECK IF AMENDMENT TO REPORT DATE			nittees, enter Date of Election
Check if this is final (termination) report and a	ettach Notice of Dissolution Form DR-3		Nov 4 2014 ocal Committees, enter County in
(You must continue to file reports until a	a DR-3 is filed.)	ounty & Lo	
	_		
STATEMENT OF CASH	HON HAND		
2			
CASH ON HAND at the beginning of the reportin committee. This amount MUST be the of the last reporting period or must be z	same as the cash on hand at the end zero if this is first report filed.)	\$	10.85
ADD TOTAL MONEY TAKEN IN THIS	PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	******	150.00
	ach Schedule F)		
	Property (Attach Schedule H)		
(Schedule H applies to Cand			
	SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPENT	THIS PERIOD		
Schedule B: Expenditures total (Attach	n Schedule B) (**also see debts and loans below)		
	Attach Schedule F)		
17/ (2)	riod (if final report balance must be zero)		160.85
THE RESIDENCE OF THE PROPERTY	chedule D)		
CERCE CONTROL	- Attach Schedule E)		\$805,00
	Attach Schedule F)		AL THE STATE OF TH
CONSULTANT BREAKDOWN (Schedule G Att		Ψ	YES NO
CANDIDATE COMMITTEES ONLY:	auriou.)	-	
VALUE OF CAMPAIGN PROPERTY (From Sch	andula H - Attach Schodula H	\$	
STATE COMMITTEES: Submit a reconciled ca	mpaign account bank statement in January of each	year.	

IN-KIND

CONTRIBUTIONS

SCHEDULE UE

(Rev. 06/97)

COMMITTEE NAME (Must be same as on Statement of Organization)

FOR INSTRUCTIONS, SEE BACK OF FORM

19.	2015	1:07PM	PALO	ALTO	COMMUNITY	HEALTH		No.	77	25	
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	Craig Merrill for Sup	7	Reset Form	AMENDIN	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
1-24-14	Craig Merrill 105 N. Superior Emmetsburg Iona 50536	Call	Ads in Newspapan	644.00	
2-15-14	Cruig Meraill 105 N. Superior Emmetsburg Four 50536	501.f	Ads In Newspaper	\$ 161.00	
	3				
		AMERICA SECULIA DE PRESENTA A SE SE CO	SUB-TOTAL	\$	THE PERSON NAMED IN COLUMN NAM
			TOTAL (if last page of this schedule)	\$ 805.00	
committee. Re by marriage).	v requires candidates to disclose the relationship of a elationship must be shown to the third degrae of cons (See Page 2 of forms packet.) If surname of contribu- iship, enter "not applicable" in the relationship column	anguinity (blood relat utor is the same as c	ives) and affinity (relative	e Page	of(for Schedule E)

For Instructions, See Back of Form SCHEDULE Reset Form MONETARY CONTRIBUTIONS -- MONEY TAKEN IN (Rev. 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS BOX IF 2015 JAN 19 PM COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Craig Merrill for Supervisor STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD. NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD. CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any

commercial purpose by any person other than statutory political committees. DATE PAC ID NUMBER NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP AMOUNT IF FOR RECEIVED (if applicable) TO CANDIDATE* RECEIVED FUND-(MM/DD/YR) AND PAC CHECK (if applicable) RAISER NUMBER INCOME 1D# Palo Alto County Repulican Central Committee NOUI 150. CK# 2014 Emmassburg Jowa 00 ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# 10# CK# ID# CK# ID# CK# ID# CK#

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page /_ of (for Schedule A)

SUB-TOTAL

TOTAL (if last page of this schedule)